



Iowa Department of Human Services

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Director

INFORMATIONAL LETTER NO.1900-FFS-D

DATE: April 12, 2018

TO: All Iowa Medicaid and Children's Health Insurance Program (CHIP) Providers, Excluding Individual Consumer Directed Attendance Care (I-CDAC)

APPLIES TO: Fee-for-Service (FFS), Dental (D)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Iowa Medicaid Provider Enrollment Tips

EFFECTIVE: Immediately

This Informational Letter is intended to provide useful information regarding enrollment as a Medicaid provider with the IME.

General information regarding enrolling as an Iowa Medicaid provider is found on the DHS [Provider Enrollment](#)¹ web page. Forms used to enroll as a Medicaid provider are located on the DHS [Forms](#)² web page.

To avoid delays in the enrollment process, you should:

- Complete all required forms needed for your provider type.
- Type or print all information so that it is legible. Do not use a pencil.
- Send the completed [Iowa Medicaid Universal Provider Enrollment](#)³ Application and all other documentation to:

Attn: Provider Enrollment
Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

Or email to: IMEProviderEnrollment@dhs.state.ia.us

Or fax to: 515-725-1155

- **Submit only one application.** Faxing, emailing or mailing the same application more than once causes significant delays in processing.

¹ <http://dhs.iowa.gov/ime/providers/enrollment>

² <http://dhs.iowa.gov/ime/providers/forms>

³ <https://dhs.iowa.gov/sites/default/files/470-0254.pdf>

- After an application is reviewed, a letter is sent to the provider if there is missing information or if additional documentation is needed to complete the processing. When submitting that documentation, please attach the letter you received with the missing documentation so it can quickly be added to the original application and completed.
- The [Electronic Fund Transfer \(EFT\) Authorization](#)⁴ form must include the authorized signature and date and must be accompanied with a bank verification letter or voided check. The IME only pays providers via EFT so this must be completed before enrollment can be completed.
- When emailing or faxing enrollment packets, please separate the information into one attachment or fax per provider.
- When emailing a provider application, keep all documents in one attachment for ease of uploading and processing.
- When inquiring about the status of an application via email, please provide the National Provider Identifier (NPI), Tax Identification Number (TIN) and location as providers are often enrolled in several locations under different TINs.
- Follow the instructions and checklist on the [Iowa Medicaid Universal Provider Enrollment Application](#)⁵.
- Make sure you are using the most current forms from the DHS [Forms web page](#)⁶.
- All providers must enroll with the IME in order to contract or enroll with the Managed Care Organizations (MCOs) and Dental Plans. Enrolling with the IME does not automatically enroll providers with the MCOs or Dental Plans.

Questions in completing provider enrollment can be directed to IMEProviderEnrollment@dhs.state.ia.us or by phone at 1-800-338-7909, option 2.

⁴ <https://dhs.iowa.gov/sites/default/files/470-4202.pdf>

⁵ <https://dhs.iowa.gov/sites/default/files/470-0254.pdf>

⁶ <http://dhs.iowa.gov/ime/providers/forms>